DOCUMENT RESUME

ED 125 387 HE 007 850

TITLE	Health Manpower Conferences Project. Final Report.
INSTITUTION	Student American Pharmaceutical Association, Washington, D.C.
SPONS AGENCY	Health Resources Administration (DHEW/PHS), Bethesda, Md. Bureau of Health Resources Development.
PUB DATE	Jan 74
CONTRACT	NO1-34007; NIH-73-4007
NOTE	118p.
EDRS PRICE	MF-$0.83 HC-$6.01 Plus Postage.
DESCRIPTORS	*Conferences; Contracts; Group Experience; *Health Occupations; *Health Occupations Education; Health Programs; *Higher Education; *Interdisciplinary Approach; Leadership Training; *Pharmacists; Professional Occupations; Student Experience
IDENTIFIERS	*Health Manpower Conferences

ABSTRACT

The Health Manpower Conferences Project (HMC), under the guidance of the National Student Coordinating Committee, solicited proposals from local student groups interested in supporting an interdisciplinary student health manpower conference. Ten selected student groups were awarded subcontracts and each planned and conducted a conference during the spring of 1973. The successful conference series was conceived to provide students from the same geographical region the opportunity to use an interdisciplinary approach in examining the specific health manpower problems in their areas. The organizational development, administration, and subcontracting procedure are described in this report, along with an evaluation summary of the project. The conference series is concluded to have been successful from several perspectives: (1) Student groups were given broad responsibility for conference planning and management and for subcontract administration, as well as for developing leadership skills. (2) Students responded positively to the challenge of seeking better avenues for cooperation. (3) The significance of interdisciplinary cooperation in the health, socioeconomic, and sociopolitical fields was stressed. (4) The local conferences were a successful forum for the exposure to other health professionals. (LBH)

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F I N A L R E P O R T

HEALTH MANPOWER CONFERENCES PROJECT

January, 1974

Submitted by

The Student American Pharmaceutical Association

to the

Bureau of Health Resources Development,

Health Resources Administration,

Department of Health, Education & Welfare

In partial fulfillment of the requirements of

Contract No. N01-34007 (NIH 73-4007)

HE007 850

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I. INTRODUCTION

A. History

In the Spring of 1971, the presidents of four national student health organizations[1] met and decided that a national conference on health manpower for health professional students was necessary to evaluate past student efforts in the health manpower area and to develop more unified strategies for future student activity. The group approached the Bureau of Health Manpower Education, DHEW and the Student Advisory Council with their idea. Participation in planning the conference was expanded to eight organizations[2] and a government contract was secured.

In March 1972, the National Student Conference on Health Manpower met in Chicago, Illinois. Over 300 students from across the nation and representing nine health professions were assembled in small group discussions to foster an interprofessional awareness among health science students by using

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[1]Student American Medical Assn., Student American Pharmaceutical Assn., National Student Nurses Assn., American Student Dental Assn.

[2]Student American Medical Assn., Student American Pharmaceutical Assn., National Student Nurses Assn., American Student Dental Assn., American Optometric Student Assn., American Podiatry Student Assn., Student Osteopathic Medicine Assn., Student American Veterinary Medicine Assn.

a team approach in addressing health manpower problems and to develop recommendations concerning health manpower issues. Among the recommendations offered by the student task groups was the idea to broaden the participation of students by conducting health manpower conferences at the local level.

The suggestion was presented to the Student Advisory Council and the Bureau of Health Manpower Education and a second contract was secured from HEW to plan, organize and conduct ten area interdisciplinary student health manpower conferences.

The Health Manpower Conferences Project (HMC), under the guidance of the National Student Coordinating Committee (NSCC), solicited proposals from local student groups interested in supporting an interdisciplinary student health manpower conference. Twenty-two proposals were reviewed and ten were selected for funding.

The ten selected student groups were awarded subcontracts; and each planned and conducted, with the assistance of HMC staff and the NSCC, an interdisciplinary student health manpower conference during the Spring of 1973.

B. Objectives

The conferences were conceived to provide students from the same geographical region the opportunity to use an interdisciplinary

approach in examining the specific health manpower problems in their area. Specifically, students would be provided the opportunity:

- to discuss common health manpower efforts and problems;
- to learn more about one another's activities and discuss ways of seeking better avenues of cooperation;
- to interact with health professionals and consumers in their community;
- to supplement their formal education; and
- to interest more students in participating in local health manpower projects.

C. Conclusions

The Spring 1973 local health manpower conference series were successful from a number of perspectives.

- Student groups were given broad responsibility and were able to respond postively to the challenges of conference planning, conference management, and subcontract administration. It was truly an opportunity for leadership development for coordinators and planning committees.

- Students responded postively to the challenge of seeking better avenues for cooperation. A national interorganizational coordinating group was formed and successful operating procedures were initiated. Local interdisciplinary groups were formed or strengthened as a result of each of the conferences. Lines for communication and the groundwork for coordination were successfully laid.
- The conferences contributed to an emerging awareness that health professional curriculums are deficient in the areas of interdisciplinary exposure and socio-economic/socio-political issues of health care delivery. In anticipation of practicing in a complex and multi-faceted delivery system, students have identified the need to learn more about the forces which will influence their working environment.
- The local conferences were a successful forum for the exposure to other health professionals. Opportunities for information exchange and social interaction were provided in both structured and unstructured sessions.

The immediate impact of the conference is presently being confined to an examination of the student projects which

were generated as a result of the conference. However, the real impact of the conference series will probably elude scientific measurement. The real value of the conferences lies in having taken a first step, having provided students with an initial exposure, having been one of what must amount to an undetermined number of events which contribute to the shaping of a person's attitude. The real effects of the conference series may only be known by the individual participant in the years to come, when in an unexpected moment he/she makes an effort to really hear what a co-worker of another profession is saying.

II. ORGANIZATIONAL DEVELOPMENT

A. Representatives

Under the terms of the contract, the Student American Pharmaceutical Association was charged with identifying appropriate representatives for a project steering committee, consisting of students from the professions of dentistry, medicine, nursing, optometry, osteopathy, pharmacy, podiatry, public health and veterinary medicine.

In anticipation of the award of the contract, the Student American Pharmaceutical Association had requested each of the above national student professional associations to suggest a representative for the committee.

As a result of recommendations made by the Third World Caucus at the National Student Conference on Health Manpower held in Chicago, Illinois on March 11-12, 1972, the Student American Pharmaceutical Association requested that the student professional associations attempt to identify minority members to serve as representatives.

Only one organization, Student American Medical Association, submitted more than one name as possible representatives. Only one organization suggested a minority person as a representative.

In order to insure adequate minority participation in the planning and implementation of the health manpower conferences project, the Student American Pharmaceutical Association requested each of the national minority student professional associations to suggest a representative to the Committee.

Only one organization, the Student National Medical Association (SNMA), chose not to participate in the health manpower conferences project. Conversations with SNMA staff revealed that the refusal to participate was a boycott of Bureau of Health Manpower Education student programs due to a previous misunderstanding between the BHME and the SNMA.

The initial composition, then, of the Committee was thirteen representatives of the following national student professional associations:

American Optometric Student Association
American Podiatry Student Association
American Student Dental Association
Association of Native American Medical Students
Federation of Public Health Student Association
National Boricua Health Organization
National Chicano Health Organization
National Student Nurses' Association
Student American Medical Association
Student American Pharmaceutical Association
Student American Veterinary Medicine Association
Student National Pharmaceutical Association
Student Osteopathic Medicine Association

and a fourteenth member who also served as a SAPhA Student Project Director.

In February 1973, the newly organized Student National Dental

Association sought and was awarded representation on the Committee, thus bringing the membership to fourteen organizational representatives and one SAPhA Student Project Director.

The interdisciplinary composition of the Committee reflected 2 students of dentistry, 3 students of medicine, one student nurse, one optometry student, one osteopathy student, three pharmacy students, one podiatry student, one public health student, and one veterinary medicine student.

Committee representatives also reflected a national distribution with five students from the west, three from the midwest, and seven from the east.

A listing of the representatives to the NSCC is attached as Appendix A.

B. Name

The Committee was convened under the title, National Student Coordinating Committee, which had appeared in the Proposal for the Health Manpower Conferences Project which was submitted to the BHME by the Student American Pharmaceutical Association.

C. Functions

The contract specified that the National Student Coordinating Committee should be responsible for:

- developing guidelines for the interdisciplinary student conferences and criteria that will be used to evaluate applications from potential sponsors;
- identifying current health manpower issues that are considered to be of high priority for discussion in conferences; and
- providing guidance to the project staff in carrying out the planning, evaluation, and administrative responsibilities.

In addition, the National Student Coordinating Committee identified two additional functions:

- provide technical assistance to subcontractors in contract administration and conference development; and
- attend the conferences in order to administer the national evaluation and to actually observe and evaluate the conferences.

The NSCC met in Cincinnati, Ohio on November 10-12, 1972 for the first time. Much of the agenda was devoted to group process exercises designed to acquaint each of the representatives with one another; to expose some of the varying expectations for the outcome of the project; and to identify the

dynamics that would be influencing the group as they attempted to complete their tasks.

The remainder of the agenda was spent working on specific tasks. The National Student Coordinating Committee, thru a Delbeq method, identified and prioritized the specific objectives of the health manpower conferences. They were:

- Increase inter-professional awareness, cooperation, sensitivity and understanding;
- Analyse manpower issues at local level;
- Develop an awareness of minority health issues where appropriate;
- Encourage recruitment and retention of minorities in the health sciences (students and faculty);
- Increase public awareness of various health disciplines;
- Develop student awareness of and participation in community health projects; and
- Study strategies for organizational change.

The NSCC also worked in small groups to develop the criteria which would be employed in reviewing proposals for planning and conducting area health manpower conferences. A listing of those criteria is attached as Appendix B.

The National Student Coordinating Committee met for the second time on February 16-19, 1973 in Airlie, Virginia. A large portion of the agenda was devoted to establishing operating procedures for the Committee, both while they were in session and during the interim periods between meetings. A second major block of time was employed in designing the review process and in the actual selection of the proposals. A detailed discussion of the review and selection procedures can be found in the SUBCONTRACTS--General section of this report.

The third agenda item which occupied a large block of committee time was the presentation and review of the proposed evaluation methodology. A more detailed discussion of the Evaluation methodology can be found in the EVALUATION SUMMARY section of this report.

Each of the NSCC representatives were assigned as either Technical Advisors or Evaluators for each of the selected conferences. In two instances, a NSCC representative was named as both a Technical Advisor and Evaluator to two different conferences. A listing of the NSCC assignments is attached to this report as Appendix C.

An attempt was made to have each of the NSCC Technical Advisors make at least one site visit to the selected site during the pre-conference planning stages. This was most often done

in connection with the staff site visit. In two cases the NSCC Technical Advisor was unable to make the site visit. In four cases, the NSCC Technical Advisor actually resided in the area of the selected site and was present for all or nearly all of the local planning committee meetings. All Technical Advisors were encouraged to keep in continued communication with their conference sites thru telephone and mail contacts.

The NSCC Evaluators attended the entire conference to which they were assigned. They were responsible for administering two evaluation instruments: the local planning committee questionnaire and the conference participant questionnaire. They were also responsible for completing a third instrument, the Conference Monitoring Guide.

The National Student Coordinating Committee met for the third time on June 8-10, 1973 at the Ramada Inn in Rosslyn, Virginia. The Committee was beginning to consider the question of continuation; and met to discuss both organizational and financial issues. In response to Stephen Schondelmeyer, President-Elect of SAPhA, the NSCC attempted to define the potential purpose and functions of a national interdisciplinary student project coordinating committee. The NSCC worked both in small groups and as a full group, using the Delbeq method, to identify and describe ten possible

areas of activity which would be suitable for implementation by such a group.

The National Student Coordinating Committee met for the fourth time on July 27-30, 1973 in Columbia, Maryland. A full two-thirds of the agenda was devoted to a joint meeting with the Local Project Coordinators from each of the funded conference sites, which was designed to obtain direct feedback from the local sites and to provide for information exchange amongst the Local Project Coordinators themselves. The results of this meeting were published separately as the Proceedings of the HMC Project National Debriefing Session. The remaining agenda items were the continued discussion of organizational and financial issues affecting project continuation; and the establishment of criteria for the preparation of the final report and a supplementary report, "Looking Into Health Care".

At the February 16-19, 1973 meeting, the NSCC appointed a four member Executive Committee. The primary function of the NSCC-Executive Committee was to serve as an immediate communication link to the Committee for staff, when decisions had to be made and it was not feasible to contact the entire NSCC. If the Executive Committee should feel that the decision to be made should come from the entire Committee, they would advise the staff.

The Executive Committee met in Conference Call on eight occasions during the subsequent months. They were asked to provide guidance to the staff in a variety of situations and decisions, among them:

- appropriate action in response to a selected site refusing acceptance of subcontract;
- possible use of estimated excess funds;
- appropriate action in response to non-participating NSCC representatives;
- development of a refunding strategy;
- planning of future NSCC meetings;
- implementation of the NSCC proposal to insure that representatives from all of the professions participate in each of the conferences;
- potential and actual problems with subcontractors; and
- appropriate action regarding relations with organizations and organizational presidents.

In addition to the Executive Committee, two ad-hoc committees were formed for the purpose of pursuing additional sources of funds. In April, 1973, the members of the NSCC who resided in the west travelled to Portland, Oregon where they met with a representative of the National Health

Service Corps to discuss the possibility of NHSC financing similar conference activities.

In June, 1973, several members of the NSCC volunterred to participate in a round of appointments with various government and private officials in order to introduce themselves and the Health Manpower Conferences Project and to identify possible areas of funding.

D. Operating Procedures

At the February 16-19, 1973 NSCC meeting, the Committee established the procedures it would use in conducting business. Among them were:

- Decisions were to be made by vote;
- There would be one vote for each health science student organization represented on the NSCC;
- Majority vote rules;
- A quorum of two-thirds (2/3 X 14 = 9) of the voting members must be present to conduct a meeting;
- There should be a Committee Chairman whose primary functions would be to maintain regular contact with staff and chair NSCC meetings. The Chairman is to be elected at the first Committee meeting of each contract year. If the person who

serves as Chairman is not a student at the end of the contract year, he will continue to serve as Chairman until a new Chairman is elected by the voting members of the NSCC at the beginning of the next contract year. The Chairman is to be selected from the roster of voting members of the NSCC;

- There should exist an Executive Committee of four: the NSCC Chairman, the SAPhA Liaison Officer, and two members elected at large. The primary function of the NSCC Executive Committee is to serve as an immediate communications link between the staff and the NSCC; and
- In order to provide for continuity of participation and to insure the orderly transfer of information, all NSCC members who would not be eligible to serve on the Committee, would be responsible for identifying an alternate and bringing his/her intended replacement to Committee meetings. The alternate will not have voting priviledges until the current NSCC member has left the Committee. The alternate should be an individual who carries his/her national student health organization endorsement.

At the June 8-10, 1973 National Student Coordinating Committee meeting, the following additional operating mechanisms were established:

- that communication between the NSCC representative and his organization would be the joint responsibility of the representative and his/her president;
- that it was each participating organizations' prerogative to continue or to replace their representative; and
- that the Health Manpower Conferences Project would absorb the transportation costs of the new alternate for one meeting prior to the official change in representation.

The role of the SAPhA Student Project Director was clarified in a series of meetings in January and February. It was agreed that the SAPhA Student Project Director served as an organizational link between the NSCC and the SAPhA Executive Committee. He serves on the NSCC and the NSCC-Executive Committee as a legal liaison responsible for monitoring the implementation of the contract. He participates in the discussion of the issues; but does not have a vote.

E. Potential

The organization and successful functioning of an inter-organizational student project committee is a unique occurrence in the history of health science student projects.

The concept is certainly not new. Coalitions of student health professionals have been planned for a period of 6 years. Presently, the National Student Health Organization Liaison Committee is attempting to implement the coalition concept.

Neither are interdisciplinary student projects a recent occurrence. As early as 1965, local health science student groups were organizing and conducting student health projects. The Medical Committee for Human Rights (1965), the Student Health Organization (1965-1969), the Student American Medical Association (1968-1973), and more recently the Student American Pharmaceutical Association have all had an impact on the organization and implementation of inter-disciplinary student health projects.

The real distinction of the National Student Coordinating Committee lies in their ability to serve a comprehensive grouping of national student health professional associations: thru involvement of all of the organizations in the

planning and implementation of the project; thru access to participation in the project to the memberships of each of the organizations; thru the pooling of financial, manpower, and experience resources for the benefit of each participating organization.

In addition, the National Student Coordinating Committee has responded in an innovative fashion to the needs of local student health projects. The responsibility for the organization, planning, and implementation of health manpower conferences has always rested with the students at the local level; thus strengthening local initiative, motivation, and committment. The NSCC has attempted to define its role as a national resource: attracting and offering to needy local student groups financial, technical, and information assistance. The need for these services was emphasized in National Debriefing Session when local project coordinators were asked to describe how the NSCC might serve them in the future. They responded:

- thru the channeling of monies for start-up activities that can later be marketed to the local community;
- thru the coordination of information on other student projects, additional resources, etc.; and

- thru the provision of technical assistance in program areas.

Thus, this year's activities have demonstrated both the need and the feasibility of a national interorganizational student coordinating committee committed to serving both the national student health professional associations and the local interdisciplinary student health projects.

III. ADMINISTRATION

In order to implement the contract Scope of Work and plan, organize and conduct a minimum of ten locally or regionally based interdisciplinary student conferences on health manpower, three staff persons and several consultants were necessary. The administrative functions were performed by a Project Director, part-time Administrative Assistant and a part-time Secretary, a Process Consultant, and Evaluation Consultant, and two consultants in communications.

The specific tasks for which the staff were responsible include:

- provision of technical assistance to selected sites;
- collection and distribution of information;
- development of both local and national evaluation methodologies;
- assist the NSCC in the carrying out of their responsibilities;
- monitoring of subcontract administration; and
- liaison activities with the HEW contracting office.

A. Technical Assistance

Local student groups were provided with several different forms of technical assistance. All groups interested in submitting a proposal for funding received written instructions on the preparation of proposal. In a small number of

cases, telephone and personal consultation was offered.

The ten sites selected for funding plus an additional site with state and university funding were furnished with a Conference Resource Packet. The Packet included instructions for subcontract administration, conference development guides, background papers and bibliographies for selected topics and referrals for additional sources of publications, films, bibliographies and other printed material.

In addition, each site's evaluation plan was reviewed by the Evaluation consultant and suggestions for strengthening or revising it were provided the local coordinators. Each site's conference proposal was reviewed by the Administrative Assistant and recommendations were made regarding time-lines, conference facilities, and conference design.

Lastly, site visits were made to each of the ten selected sites in the months prior to the conference. Site visits were conducted by the Project Director, the Administrative Assistant and a representative of the NSCC. Visits lasted approximately eight hours. They included sessions with the local student coordinator, a representative of the office or agency responsible for the fiscal administration, a member of the university administration and/or faculty and the local student planning committee. The purpose of the

site visits was to verify the existence of a group to implement the subcontract, to review subcontract administration procedures, to review the contents of the Resource Packet, to discuss and provide assistance in the planning and implementation of the conference, and to observe the functioning of the local planning committee.

Following each site visit, a Report on Technical Assistance Contact was filed. This report indicated the subjects discussed, recommended local actions, recommended national follow-up, and further technical assistance needs. These reports were required whenever a site visit or telephone contact took place by either a staff person or an NSCC representative.

Two major perspectives were developed as a result of the site visits. Local expectations differed widely from national expectations in terms of purpose, content, and level of performance. Additionally, interdisciplinary planning committees varied in size, professional representation, and task assignment and performance.

Two problems common to all site visits were lack of time and scheduling in relation to the conference dates. The eight hours allowed for each site visit permitted only a once-over review of the material to be covered. A real assessment of

local performance and problem solving could not be implemented in the time available. In addition, most site visits were scheduled in a period two to four weeks prior to the conference. Local planning had been underway for months before the site visit. Major decisions had been made and were being implemented, thus restricting the usefulness of consultations.

B. Information Distribution

Five mailing lists, approaching 1,000 persons, were maintained by the Administrative Assistant: local or chapter representatives of national student health organizations; their national and editorial staffs; the presidents of national student health organizations; the ten selected local sites; and the National Student Coordinating Committee.

Local or chapter representatives of national organizations received notices of the award of the Contract, copies of the proposal guidelines, and the news release regarding the selection of sites.

The presidents of national organizations received the above information plus the minutes of all NSCC meetings, and various project narratives. Briefing packages were prepared and distributed to all new presidents in order to bring them up to date on project activity.

The National Student Coordinating Committee received bi-weekly mailings which contained current business, progress reports, budget reports, and reprints of articles and news items of special interest.

Prior to the conferences, the ten sites received irregular mailings which contained supplementary resource materials, largely comprised of reprints and copies of the Health Manpower Report, a Capitol publication. Post-conference mailings have been termed Resource Reports and identify sources of funds, project ideas and information, films and publications of interest.

Specific publications were developed to describe the objectives and the activities of the project. They include a Fact Sheet, an HMC Brochure, the Proceedings of the Debriefing Session, and a supplementary report, "Looking Into Health Care".

On various occasions, project staff were contacted for assistance in identifying both national and local health science student groups and leaders and for information regarding health science students' project activities. It appears that there exists the potential for a focal point for inquiries regarding health science students.

C. Evaluation Methodologies

Each of the groups submitting a proposal for funding of a manpower conference were requested to submit a Project Evaluation Plan describing the methodology which would be used to evaluate the conference.

The ten conferences selected for funding received technical guidelines which discussed purpose, different focal points, and the variety of methodologies available for evaluation. As mentioned previously, each site was also provided with a review of their evaluation methodologies and suggestions for improving the plan.

Evaluation methodologies varied from site to site and will be treated later in detail within the individual discussions of each conference in the SUBCONTRACTS - Individual Conferences Section.

Due in part to the multiplicity of objectives and the variety of methodologies proposed for each conference site, it was deemed necessary to design a national evaluation plan which would provide standard and comparable information from each of the sites. A national evaluation plan also allowed for focusing on objectives of a broader perspective. A consultant was employed to assist in the design of the methodology and a subcontract issued with Benchmarks, Inc. for assistance in implementation of the evaluation.

A summary of the final evaluation report describing the methodology and the results is included as a separate section, EVALUATION SUMMARY, in this report.

D. Assist the NSCC

The assistance provided the National Student Coordinating Committee took two forms: staff and consultant support for the development of a viable, functioning interdisciplinary governing body; and assistance with the mechanical details of travel, meetings and communications.

The specific nature of the National Student Coordinating Committee was not identified in the original proposal nor was it spelled-out in the resulting contract beyond the assignment of several functions. Was the Committee to be a task committee sharing administrative and program responsibilities and thus an extension of staff? Was the NSCC to serve as an advisory committee reviewing staff actions and providing input as it was requested? Or was the Committee to serve as an independent body responsible for providing direction and developing policy for an emerging organization? The answer was never definitively arrived at; for the role of the NSCC was a developing one depending on the needs of any moment, the NSCC's perceptions of themselves, staff perception and local student group perception.

Staff conceived of and attempted to relate to the NSCC as a governing body responsible for providing direction and the formulation of policy. To support this concept, initial energies of the Process Consultant were directed to team building exercises. In addition, the NSCC participated in agenda building exercises enabling them to identify the priorities for action at each of their meetings. Committee members were consulted and drawn into the decision-making process when the direction of the program was concerned. As the NSCC grew as a unit, the Process Consultant assumed more and more of a behind the scenes role, emerging to facilitate the handling of communication, leadership, and other group dynamics breakdowns.

Additional support was provided the NSCC in the arrangement of their meetings, the coordination of their travel, the provision of appropriate background materials for each of their tasks and decisions, and the preparation of bi-weekly communications described earlier.

E. Monitoring Subcontract Administration

The subcontracts with each of the ten selected conference sites imposed certain program, reporting, and financial requirements on the subcontractors. The responsibility for

seeing that these requirements were met fell to the Project Director and the Administrative Assistant.

As described earlier, the site visit allowed the opportunity to provide limited technical assistance as well as perform certain monitoring functions. In addition, invoices were reviewed for compatibility with approved budgets; deviations were noted; and corrective actions requested. Progress reports, Conference Proceedings and Final reports were reviewed for completeness and conformance with submission schedule.

Problems which surfaced regarding the contract requirements include:

- Monthly invoices were impractical for three month subcontracts. Funds were spent almost intotal for facilities, transportation, and meals and thus were disbursed in one 3-5 day period. Universities found it simpler to bill at the end of the contract.
- The expiration date of one month after the conference was held put extra burdens on business offices with computerized accounting systems, delayed phone billings, etc. Two-week extensions were requested and approved freely; and most offices were able to comply in the six-week period.

- The monthly progress reports were an unreasonable burden for students who were devoting all their time and energies to conference planning.
- The guidelines for preparing progress reports were not well synchronized with the actual activities taking place at the sites.
- The instructions for preparing a Final Report were inadequate resulting in a variety of formats and material covered.

F. HEW Liaison Activities

One last function of project staff was to provide the HEW contract and program offices with appropriate information regarding the development of the project. Contacts were made for the following purposes: to seek approval of the constitution of the National Student Coordinating Committee; to seek approval of the evaluation methodology; to seek approval for the subcontracts with the selected sites; and to seek approval for various budget revisions. In addition, the Program Officer was kept informed of activities thru regular mailings and thru attendance at NSCC meetings.

IV. SUBCONTRACTS

A. General

The contract Scope of Work designated that the project would solicit applications from potential sponsors; select a minimum of ten sites to receive financial and/or technical support; and award subcontracts to provide support for conference facilities, housing, food and transportation costs, and local administrative and planning costs. The process which was used in implementing these tasks is described below.

1. Request for Proposal Procedure

In October of 1972, notices were sent to local chapters of the national student health science student organizations and local student interdisciplinary committees of the award of the prime contract and the intention to solicit proposals. Local student groups intending to submit a proposal were requested to submit a Letter of Interest describing briefly the manpower issues being addressed and outlining a conference plan to the national office by November 24, 1972. Approximately fourty letters of interest were received by the end of November.

In December, Guidelines for Applying for Funds to Support an Interdisciplinary Student Health Manpower Conference

were distributed to those student groups submitting Letters of Interest, and to the local chapters of national student health organizations and to local interdisciplinary student groups. The Guidelines contained ten sections: Introduction; Funding Levels; Key Steps in Application Process; Proposal Application Documents; Criteria for Evaluation of Proposals; Mailing Instructions; Post-Contract Requirements; Summary of Application for Funding; Budget Form; and Instructions for Subcontract Fiscal Administration. The Guidelines were accompanied by instructions on using the Guidelines. The deadline for the submission of proposals was January 26, 1973.

In January 1973, a Clarification of the Guidelines was distributed at the request of the Project Officer. They were intended to emphasize the importance of relating the conference activity to the long term goals of local student activities.

Twenty-two proposals for funding were received. It was necessary to extend the submission deadline for approximately nine student groups.

2. Review and Selection Process

The National Student Coordinating Committee met February 16-19, 1973 to review the proposals submitted and select the sites for funding. Of the twenty-two proposals submitted, eleven were selected for funding.

The NSCC spent the major portion of the first afternoon designing the process by which proposals would be reviewed. Critical issues in the design process were the review of Third World proposals, the application of the previously published Criteria for Evaluation, and the acceptability of the design process to the funding source, the Bureau of Health Manpower Education.

The actual review process which was employed in selecting proposals was as follows:

1. Each proposal had a primary and secondary reader.
2. All Third World proposals had a Third World reader in the review process.
3. A proposal rating sheet (Appendix E) was used by the readers in reviewing the proposals.
4. After the reading of the proposals, the Committee reconvened for discussion of the proposals. The primary and secondary readers were given five minutes to discuss the proposals and offer

stipulations and recommendations on the proposal. Then, five minutes were allowed for Committee discussion of the proposal.

5. The fifteen approved proposals that appeared to the Committee to best meet their criteria were pulled for further subcommittee review. The subcommittee then reviewed the proposals in further detail and offered budget and program recommendations. These recommendations were brought back to the full Committee for approval.
6. The Committee then reviewed the proposals on a geographic basis.
7. The full Committee voted on all twenty-two proposals with votes of Yes, No, and those proposals receiving a majority Yes vote won.
8. The criteria that were employed by the Committee in casting their final vote were:
   a. compliance with published evaluation criteria;
   b. geographical distribution; and
   c. budget capabilities.

Following their selection, copies of each of the eleven proposals were forwarded to the Contract Officer and the Program Officer for review and approval. The major issue in Governmental approval of subcontracts was fiscal

accountability. In anticipation of this concern, groups submitting proposals were instructed to include a Public Accounting firm's certification of the adequacy of the sponsoring organization's accounting system. With two exceptions[1], accounting responsibilities were assumed by a university or college business office.

3. Subcontract Procedure

In the early stages of proposal solicitation, a standard format for a subcontract with potential conference sponsors was prepared and submitted to the Bureau of Health Manpower Education for review and approval. The subcontract format was patterned upon the prime contract and specified planning, administration and program responsibilities, as well as reporting and budget requirements.

Following the completion of the selection process, letters notifying the selected groups were prepared. Approved budgets were indicated and conditions of the award were itemized. Sponsors were requested to notify the project office by March 1, 1973 of their acceptance of the offer and its conditions. One of the eleven

[1] Urban Indian Health Board, Inc. was the fiscal agent for the Native American Students' Conference; and the Chicano Health Organization, Los Angeles, handled the accounts for the Albuquerque Chapter.

selected sites, Chicago Planning Committee, did not accept the offer of funds due to a budget reduction which they felt impaired their ability to complete the proposed program.

Following the receipt of the acceptance letter, Subcontracts for Planning and Implementation of Interdisciplinary Health Manpower Conferences were awarded to selected sponsors. In those cases where viable student organizations existed, the subcontract was awarded the student organization. When a viable student organization did not exist, the subcontract was awarded to a college or university. In the case of the Student Interdisciplinary Council in Portland, Oregon, the subcontract was renegotiated with the University of Oregon Medical School to accomodate a state law prohibiting the award of funds to the student group.

B. Individual Conference Sites

1. Albuquerque, New Mexico

- Subcontractor: National Chicano Health Organization, Albuquerque Chapter
- Subcontract Amount: $9,657.00
- Conference dates: June 22-24, 1973
- Co-directors: Judy Espinosa, nursing
  Paul J. Martinez, pharmacy

Administration

The planning committee, a previously established student organization, was small, with approximately five students in addition to the co-directors assuming responsibility for planning and implementing the conference. Professional representation included pharmacy, medicine, and nursing. Tasks were delegated evenly amongst the planning committee members. The committee met at least weekly and more often as work demanded. The planning committee had constant access to their NSCC technical advisor, Don Apodaca, a medical student at the University of New Mexico. A secretary was employed by the subcontractor.

The Conference

The purpose of the conference was to focus on the health needs of New Mexico, as they relate to the unique cultural backgrounds of its people and the rural setting in which many New Mexicans find themselves. For the purpose of the conference, health needs were identified as: (1) Recruitment and retention of minority students and faculty into the health sciences; (2) Analyses of manpower issues in key communities in the state; and (3) An increase in interprofessional team approach to delivering of health care in the state, which would involve understanding and cooperation between the various health science professions.

The format of the conference included presentations by five[2] guest speakers:

- Lt. Governor, Roberto Mondragon;
- Dr. Henry Herrera, Bureau of Health Manpower Education, HEW;
- Dr. Manual Ferran, Regional Medical Program;
- Former Senator John P. Eastham, New Mexico Legislator; and
- Susana Alvarado, Department of Anthropology, University of New Mexico;

and four small group workshops:

- Health Planning Agencies
- Recruitment and Retention
- New Roles in Health Science Fields
- Interdisciplinary Team Approach to Health Care Delivery.

Each of the workshops included a panel discussion by four resource persons recruited from health practitioners, planners and administrators. In addition, the conference offered health career recruitment displays, a tour of Bernalillo County Medical Center and the University of New Mexico Medical School, and various social events.

The participants were comprised largely of recent

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[2] Due to problems arising out of the objections of some community people to the presence and speech of speaker John P. Eastham, the conference was abruptly terminated mid-way thru the agenda. Therefore only those speakers scheduled for Saturday morning actually made their presentations.

Chicano high school graduates who were enrolled in a health science school or college for the Fall, 1973 semester.

Recommendations for improving the recruitment of minority students in health professions were generated by the students in the Minority Recruitment and Retention Workshop.

The evaluation attempted to determine the effectiveness of the conference in meeting the objectives of the conference written in the proposal. The effectiveness was measured by administering a pre-and post-questionnaire and by informal feedback sessions with conferees. Unfortunately, the abrupt termination of the conference mid-way thru the agenda interrupted the completion of the evaluation.

Two spin-off projects were planned as a result of the conference: a health careers information center and a Spanish-Surname Health Profession Survey. A third possibility arose in the Fall 1973 semester -- an interdisciplinary minority health class to be offered by the University of New Mexico College of Pharmacy during the Spring semester, 1974.

2. Berkeley, California

- Subcontractor: Native American Program, School of Public Health, University of California, Berkeley
- Subcontract Amount: $10,800.00
- Conference dates: May 4-6, 1973
- Coordinator: Tennyson Welbourne, public health

Administration

The planning committee, newly formed in response to the subcontract, was large and composed exclusively of public health students. Tasks were shared; although a heavy burden of leadership was assumed by the local project coordinator. Many decisions concerning conference content were made by participants in advance through the use of the Delphi technique. A secretary was employed by the subcontractor. The NSCC technical advisor, Sterling King, did not reside in Berkeley but was readily available to planning committee members studying at the University of California, Los Angeles. The planning committee also received strong support and guidance from the Director of the MPH Program for Native Americans and the Fiscal Officer for Urban Indian Health Board.

The Conference

The purpose of the conference was to bring together from various parts of the country, a representative group

of Indian health professionals working toward an advanced degree or who have recently graduated from schools of public health or health sciences for the purposes of:

- structuring an organization for Native American Health Professionals;
- discussing programs for development of manpower to meet the needs of Indian people; and
- deciding upon and discussing pertinent issues affecting the health of Indian people and establishing priorities among them.

The format for the conference included small group work sessions, general sessions, and two panels. Among the panelists were Alfred W. Childs, School of Public Health, U.C., Berkeley; Mr. Tom Susman, Senator Kennedy's Office; Mr. Thomas Fuller, American Hospital Association; Dr. Robert Kane, University of Utah Medical School; Mr. Robert Hunter, Executive Director, National Indian Health Board; and Ms. Belva Cottier, Director, Native American Health Center. Conference planners also included a side trip to the Institute of American Indian Arts 8th Annual Spring Pow-Wow as part of the agenda.

Small task groups asked to discuss the purposes, goals, membership and structure of the new organization almost unanimously agreed on the need for a Health Resources

and Information Center. There was considerable disagreement on the membership and structure, however; which resulted in the formation of two organizations: the National Indian Health Council, a broadly based group of professionals and non-professionals with the mandate to "speak with a common voice to the health needs of all Native Americans"; and the Association of Native American Health Professionals with similar purposes.

The 117 participants were largely health administrators, either degreed or working towards a degree. Also in attendance were medical and nursing students, community health workers, and tribal officers.

The evaluation of the conference relied largely upon an assessment of proceedings; publicity and program files to determine whether a viable national association developed and whether conference recommendations were implemented.

Follow-up conferences were planned for both associations. A subcommittee was created to seek funds and plan the conference for the National Indian Health Council.

3. Bloomington, Indiana

- Subcontractor: Indiana University Optometric Student Association
- Subcontract Amount: $7,234.00
- Conference dates: April 6-8, 1973
- Coordinator: Mark Heltibrand, optometry

Administration

The planning committee, a previously established student association, for this conference was composed of three optometry students. In addition, they relied on student coordinators at the various participating schools for occassional input. Leadership and decision-making responsibilities fell largely to the conference coordinator. The NSCC technical advisor, Tony Distefano, made one site visit and was able to establish frequent telephone contacts.

The Conference

The purpose of the conference was to bring students of various health professions together for an exchange of ideas which would contribute to the formation of student opinion, to establish lines of communication between student health professionals, to increase each students' awareness of other health disciplines, and ultimately to form an association of health care students.

The format of the conference included a presentation by guest speaker: Dr. Otis Bowen, Governor of Indiana; a group exercise to sensitize students to the problems of health care teams; a health career information fair; and small group discussions in ten topic areas: Health Team Approach to Practice; Consumer Affairs; Minority Recruitment and Retention; Health Profession Education and Mobility; Interdisciplinary Student Projects; Public Health; Role Awareness; Regulation and Licensure; Interdisciplinary Student Association Formation; and Health Professions Education Assistance. Small group discussions were led by student moderators.

The thirteen small group discussions generated extensive recommendations in each of the ten topic areas. The small group session on the Interdisciplinary Student Association Formation established a date for the Association's first meeting and nominated a subcommittee for planning and organization.

There were approximately two hundred students from a multi-state area in attendance at the conference. They represented the professions of allied health, dentistry, medicine, nursing, osteopathy, pharmacy, podiatry, veterinary medicine and optometry.

The evaluation consisted of a participant questionnaire soliciting opinion on the success of the conference. No analysis was done of the results. However, most responses were in the very positive category.

The first meeting of the Midwest Interdisciplinary Student Coordinating Committee (MISCC) was held June 23, 1973. Membership, financing, objectives and projects were discussed.

4. Boston, Massachusetts

- Subcontractor: The Massachusetts College of Optometry
- Subcontract Amount: $4,958.00
- Conference dates: April 27-29, 1973
- Co-directors: Tom Freddo, optometry
  Jill Turner, optometry

Administration

The planning committee, newly formed in response to the subcontract, was composed of seven students in addition to the co-directors. They represented the professions of nursing, medicine, dentistry, and optometry. It was difficult to have all seven members meet at one time; and many tasks were discussed via telephone. Two of the planning committee members had attended the National Student Conference on Health -

Manpower in Chicago the previous year and were able to provide direction to the group. Leadership and decision-making was shared among planning committee members. The committee did not receive any guidance from their NSCC technical advisor, Ladislao Santiago.

The Conference

The purpose of the conference was to educate each profession about the others and initiate cooperation and understanding between them, to make every health student an effective consumer educator, to confront minority issues in the health professions, and to organize the Boston Student Health Alliance.

The format included presentations by two guest speakers: Mr. Melvin Scovell, Medicaid Director, State of Massachusetts; and Dr. Derek Robinson, Deputy Commissioner of Public Health for the Commonwealth of Massachusetts; small group discussions focused on four topics: Health Delivery Systems, Recruitment of Professionals, Health Students as a Community Resource Unit, and establishment of a Boston Health Student Alliance; and a closing General Session. The workshops were student led; but had resource persons drawn from administrators, planners, practitioners and the community available to them.

Three of the small group discussions developed recommendations relevant to their discussion topic. The formation of a Boston Student Health Alliance group compiled a mailing list of interested participants and set a date for a steering committee to begin to draw up plans for the actual organization.

There were approximately seventy participants representing the professions of optometry, medicine, dentistry, public health, psychology, pharmacy and nursing.

The evaluation plan relied upon administering an attitudinal test which was to be developed. Unfortunately, the instrument was not completed; and the conference was not evaluated locally.

The organization of the Boston Student Health Alliance which would conduct educational sessions to overcome any animosity that might exist between the different professions; and a consumer education program on the various health professions and their roles were the activities generated by the conference.

5. Bronx, New York

- Subcontractor: Herbert H. Lehman College
- Subcontract Amount: $4,810.00
- Conference dates: April 14-15, 1973
- Coordinator: Maureen DeMaio, nursing

Administration

The composition of the planning committee, newly formed in response to the subcontract, for the conference was in constant flux with five students in addition to the coordinator remaining constant. Professional representation was strongest from nursing, podiatry, and pharmacy. Medical students and minority students participation was hard to acquire. The NSCC technical advisor, Elliot Kronstein, resided in the city and should have been available for consultation. However, his clinic schedule frequently interfered with his accessibility. The coordinator assumed a large share of decision-making responsibilities; but indicated she often experienced a lack of direction and assistance.

The Conference

The purpose of the conference was to bring different health science groups together for the purpose of looking at some of the key problems in and outside the clinic structure in order to develop the basis for organizing

a model community urban clinic.

The format of the conference was limited mainly to small task forces addressing Barriers in the Acceptance of Health Care Delivery, Quality and Quantity of Care, Clinic Management, Isolation in the Health Professions, Consumer Education and Health Professionals as the Consumer Sees Them. However, an opening speech was delivered by Herman Badillo, Candidate for Congress.

In the small group discussions, attempts were made to relate the very broad topics to the immediate problem of organizing a model urban community clinic.

The participants in the conference averaged 75 students with strong representation from podiatry, nursing, and pharmacy. Other professions represented were medicine, optometry, social work, dentistry, and psychology.

The evaluation consisted of a participant questionnaire which elicited ratings on conference structure. Responses were positive.

One of the immediate outcomes of the conference was the formalization of the Health Student's Interdisciplinary Coalition, New York-New Jersey. A second result is the interest in planning mini conferences as follow-up.

6. Chapel Hill, North Carolina

- Subcontractor: Student Health Action Committee
  University of North Carolina
- Subcontract Amount: $6,570.00
- Conference dates: April 13-15, 1973
- Co-directors: Anne Evans, nursing
  Steve Erlandson, medicine

Administration

The planning committee, a previously established interdisciplinary organization, started out very large, with as many as 25 students attending meetings. As the planning phase developed, the committee grew smaller leaving a core of about twelve pharmacy, medical, nursing, and public health students to constitute the committee. Subcommittees were formed and tasks were shared evenly among committee members. The planning committee received extensive support from faculty members and university administrators. The NSCC technical advisor, Don Johnson, made one site visit and was available to the committee by telephone thereafter.

The Conference

The purpose of the conference was to employ group process skills in order to focus on specific health issues as seen by providers and consumers; to identify patterns of interdisciplinary cooperation and interaction within

specific settings; and to identify roles of the health professional vis-a-vis each other and the consumer. The conference also intended to formulate plans for action after the conference which included: curriculum revision, communication links between health science students and placement of students in already existing community projects.

The format utilized a small group exercise which had three objectives: to intensify the perceptions and stereotypes that each participant holds toward other professionals; to precipitate a "win-lose" situation and introduce compromise; and to introduce the group process mode of interaction to participants. The program also incorporated presentations by consumers on the topics of rural and urban health, health problems of Blacks, women, Indians and the elderly. "Soapbox Seminars" were structured to allow locally active groups: students, community, private to present a summary of their programs. Geographic groupings of interdisciplinary teams met to devise a course of action that they would implement upon their return home.

The participants in the conference totalled 180 persons. The disciplines represented included nursing, dentistry,

medicine, allied health, public health, pharmacy, administration, nutrition, podiatry, optometry, and sociology. Students were drawn from Virginia, North Carolina and South Carolina.

The evaluation design attempted to measure participant attitude toward conference management and conference content; participant attitudinal change for four focal points - the multidisciplinary approach, health care delivery systems, community projects and curriculum modification; and the level of group functioning within the planning committee.

In summary, the evaluation process seems to indicate that the small group exercise contributed most to participant learning. They found that participants were more positive regarding the content of the conference than the management. The evaluation found indications of a significant information transfer through the conference and a better understanding of the issues; and that approximately 66% of those tested experienced an attitude change.

As a result of the conference, students from Winston-Salem organized an interdisciplinary association, "Inter-Health"; met with community members to identify

health needs; and are planning a Health Fair for consumer education and health screening. East Carolina University students are planning to generate local support thru an interdisciplinary event such as a picnic. Greensboro students are meeting with faculty to improve curriculum. The students at Chapel Hill are working to secure a full time coordinator of student activities and to review curriculum and clinical experiences to strengthen their interdisciplinary components. Students from South Carolina conducted a second interdisciplinary conference in September, 1973. They are also working to revise curriculum and clinical experiences.

7. Grand Forks, North Dakota

- Subcontractor: Council for Health Interdisciplinary Participation, University of North Dakota
- Subcontract Amount: $10,509.00
- Conference dates: April 12-14, 1973
- Co-directors: Kevin Fickenscher, pre-medicine
  Rick Geier, pre-medicine

Administration

The planning committee, a previously established interdisciplinary organization, was composed exclusively of undergraduates in pre-medicine, nursing, psychology and chemistry studies. The committee was large with

approximately ten active members. Leadership and decision-making responsibilities fell largely to the co-directors and one nursing student. The committee received strong support and guidance from the Dean, Office of Student Development. The NSCC technical advisor, Walt Hollow, was unable to make a site visit and was generally unavailable to the planning committee for consultation.

The Conference

The purpose of the conference was to examine the health issues of the Dakota Region with an emphasis on interdisciplinary awareness, health issues of the Indian population, health manpower needs at the local, state, and regional level, and area and state resources for involving pre-professional students in health manpower.

The entire conference was organized around three basic concepts: (1) remove communication barriers between participants; (2) develop a broad exposure, exploration and understanding of general health problems and issues throughout the region; and (3) identify specific goals for post-conference activity on the part of the participants.

The format included presentations by guest speakers: George Blatti, President, Student American Medical Association; Susan Rader, Coordinator, Health Sciences Affairs, University of Minnesota; Art Raymond, Chairman, Indian Studies Department, University of North Dakota; Hale Laybourn, President, North Dakota Blue Cross; and a special presentation by Michael Belzer and Thomas Kotte, medical students from the University of Minnesota. Small group workshops were organized around topics (Interdisciplinary Health Studies, Indian Health Studies, Health Manpower Studies, and Resource Studies) and around geographic student teams. Small group exercises which were introduced to facilitate communication and problem solving were: PHILLIPS 66, 5 Squares, and Force Field Analysis.

The results of the conference include specific action plans for each of the communities represented at the conference.

The participants totalled approximately eighty students with the following professional representation: Radiologic and Medical Technology; Pre-medicine; Social Work; Occupational and Physical Therapy, Podiatry, Nursing;

Psychology; Pharmacy; Health Planning; Speech Pathology; and Osteopathy. Students came from North Dakota, South Dakota and Minnesota.

A pre-and-post conference questionnaire was administered to participants to determine the extent of change in attitudes towards the specific areas explored in the conference. The questionnaire results indicate a growth in understanding of Indian and regional health manpower problems. Students attitudes toward their own power, that of the consumers and the availability of financial resources appeared more positive after the conference than before. A second instrument, a semantic differential, was utilized to determine participant response to conference administration. The 5-Squares technique proved to be the most highly rated event and discussion groups were rated the lowest.

Spin-off activities generated by the conference include the formation of two CHIP-type sister organizations in Minot and Dickinson; the placement of a student representative on the Agassy Area Comprehensive Health Planning Agency; and the development of a manpower maldistribution Project REACH.

8. Houston, Texas

- Subcontractor: University of Houston, College of Pharmacy
- Subcontract Amount: $5,750.00
- Conference dates: April 27-29, 1973
- Coordinator: D. Paul Dalton, pharmacy

Administration

The planning committee, newly formed in response to the subcontract, for Houston was the largest of the ten subcontracts. Members were drawn from the professions of pharmacy, dentistry, public health, optometry, nursing, psychology and medicine. Leadership and decision-making responsibilities were distributed amongst all committee members. The committee made an explicit agreement to avoid formalization of one leader; and chose a rotating leadership style. The planning committee received strong support and guidance from the College of Pharmacy Faculty Director. The NSCC technical advisor, Cindy West, was able to make one site visit and was available to the planning committee by telephone and letter, thereafter.

The Conference

The purpose of the conference was to motivate participants to actively seek productive change in the system

of health care at his/her own local level; to stimulate the proper and complete usage of the health resources now in existence; to initiate and strengthen an interdisciplinary student health organization; and finally, to stimulate a new interest in the importance of ethics in the provision of health care.

The format included the use of displays from various programs and professions, the showing of the NBC news film "What Price Health?", small group exercises to facilitate interaction, workshops on the topics of: Educational Systems and Methods; Ethics; HMO's; Health Education for the Consumer; Health Professional as Consumer Sees Him; Isolationism in the Health Professions; License to Kill; Preventive Health Care; Urban Ghettos and Barrios; Utilization of Personnel; and geographic groupings of participants to discuss the establishment of interdisciplinary councils.

The geographic groupings of participants were able to develop goals, membership guidelines, organization structure, funding and communication mechanisms for their interdisciplinary councils.

There were eighty-six participants representing 23 schools and the following disciplines: podiatry,

optometry, nursing, pharmacy, veterinary medicine, osteopathy, chiroprody, medicine, nursing, public health, psychology, physical therapy and dentistry.

The evaluation pre-and-post conference questionnaire was designed to determine participant attitude toward health professions and current health issues. The results indicate that participant opinion of other health professions was more positive at the end of conference; and that participants opinion became more positive on the use of health teams to reduce maldistribution. There were also attitude shifts recorded for statements on compulsory health programs.

The spin-off activities generated as a result of the conference include: the naming of an interdisciplinary student task force to conduct an indepth study of the operation of St. Anthony's Center; the formation of interdisciplinary teams to train at Montefiore Hospital; various attempts to introduce interdisciplinary curriculum; and the establishment of an interdisciplinary team to work with the Xerox Center for Health Care Research on a number of projects.

9. Portland, Oregon

- Subcontractor: University of Oregon Medical School
- Subcontract Amount: $10,354.00
- Conference dates: April 6-8, 1973
- Coordinator: David Watson, medicine

Administration

The Student Interdisciplinary Council, established February 1972, assumed the planning committee responsibilities. The committee had six members in addition to the Coordinator and represented the professions of medicine, pharmacy, optometry and dentistry. Leadership and decision-making responsibility fell largely to the Coordinator. The NSCC technical advisor, Joe Browning, lived within easy access and took an active part in planning committee meetings.

The Conference

The purpose of the conference was to bring together students of the health professions in the northwest to increase their awareness that they are all part of the health care delivery system; to establish a core group of health professional students who have an on-going communication; and to examine four specific health issues:

Over the Counter Drugs and Drug Abuse; Health Professionals Education; Population Control and Dynamics and Health Care Delivery; and the Disadvantaged Community.

The format was structured around four workshops which addressed the major issues. Each participant had an opportunity to participate in all the workshops. Also included was a social event and displays from associations, programs, and professions.

When the students attempted to discuss the issues on an interdisciplinary basis, they encountered the following problems: lack of knowledge about role expectations for other professions; lack of communication among the professions; and professional status and stratification hindered cooperative attempts. Several suggestions were offered to deal with the problems.

Approximately two hundred students came from a multi-state area (California, Oregon, Washington, British Columbia, Idaho and Montana) and represented the following professions: nursing, pharmacy, medicine, education, veterinary medicine, social work, optometry, dentistry, chiroprody, podiatry, nutrition and public health.

A follow-up questionnaire was distributed to conference participants to elicit their opinion on the success of the conference. The results were never summarized or analysed.

The activities which resulted from conference participation include: a VD education program in Portland high schools and junior high schools; glaucoma and hypertension screening programs are being planned; individual students have volunterred with the Oregon Kidney Donor Program; Indian Health project; Free Childrens' Clinic in Portland; and the Georgetown Dental Clinic (Seattle); and drug education-preventive medicine - and nutrition consumer education programs are being explored.

10. Washington, D. C.

- Subcontractor: Howard University, College of Pharmacy
- Subcontract Amount: $9,000.00
- Conference dates: April 6-8, 1973
- Coordinator: Regina E. Carson, pharmacy

Administration

Planning and implementation of the conference was the principal responsibility of the Coordinator and her

faculty advisor. Community people and health professionals were called together as an ad-hoc committee for a one day pre-planning meeting. They met to develop a concerted agenda for implementation by the students involved in the conference and to ultimately delineate the topics for the conference workshops. The NSCC technical advisor, Gerry Charles, was within commuting distance and available to the committee by telephone as needed.

The Conference

The purpose of the conference was to draw together students of the health professions that are by birth representatives of those persons most greatly affected by the health manpower crises; in order to set forth strategies for the most positive organized changes to alleviate these problems.

The format consisted of presentations by guest speakers: Dr. Ira C. Robinson, Dean, College of Pharmacy, Howard University; Dr. Marie Bourgeois, R.N., Ph.D., Research Branch, National Institutes of Health; Dr. Alyce Gullatee, Assistant Professor, Department of Psychiatry, College of Medicine, Howard University; and Dr. Kenneth R. Scott, Assistant Dean for Student Affairs, College of Pharmacy, Howard University. Workshops were offered

on the following topics: Education in the Community; Recruitment and Retention of Third World People to the Health Professions; Motivation of Youth; and Innovation of Programs. Lastly, a Recruitment Seminar for area high school students was included in the program.

Each of the four workshops developed recommendations for improving or addressing pertinent problem areas.

The participants, totalling approximately 60, represented the professions of pharmacy, veterinary medicine, health care administration, medicine, dentistry and nursing; and were drawn from four states and seven schools.

A post conference evaluation questionnaire was administered to determine participant opinion of conference structure. No summary or analysis of results were provided.

EVALUATION SUMMARY

V. EVALUATION SUMMARY

A. Introduction

Evaluations serve many different purposes. An evaluation can be used to monitor program operations, to measure program impact, to make judgments on staff effectiveness or to determine the value of certain long-term policies or strategies The advantage of the evaluation plan which was designed for the SAPhA Health Manpower Conference Project is that it served all of the above objectives. Four different evaluation instruments were developed to provide information on the HMC projects. In addition, local conference organizers were aided in developing their own evaluation plans.

The specific objectives of the evaluation efforts of the Health Manpower Conferences were:

1. To determine the effectiveness of HMC staff in assisting local student groups to plan, organize and conduct health manpower conferences.

2. To monitor each of the conferences in order to identify strengths and weaknesses in the organization and conduct of the conferences.

3. To determine attitude changes, an increase in knowledge or an increase in understanding of health manpower problems on the part of those attending the conference.

4. To evaluate the role of the National Student Coordinating Committee in the project and to elicit its members' views on Project effectiveness.

In order to secure these objectives, four corresponding data securance mechanisms were designed and individually applied to the respective aspects of the evaluation process outlined above. The four data securance mechanisms were:

- a Local Committee Questionnaire;
- a Conference Monitoring Guide;
- a Participant Impact Evaluation Questionnaire; and
- a NSCC Self-Evaluation Questionnaire.

Each was employed in a distinct manner and resulted in different forms of information as described below.

Local Committee Questionnaire

This four-page questionnaire contained eighteen multiple choice questions. It was mailed to local committees and was to be completed by all members of each local committee.

This questionnaire produced a great deal of highly significant data with respect to HMC operations as viewed from the local committee level. The questionnaire, itself, has stood the test of time in the sense that

no major weaknesses have been detected in its composition. The great majority of questions seem to have been extremely relevant and clearly phrased.

The major disappointment in the application of this mechanism was the low rate of returns from certain conferences and the relatively large number of instances where potential respondents failed to answer questions citing as their reason "lack of familiarity with certain aspects of conference preparation". This tendency tends to support the theory that for a number of conferences very few individuals were intensively involved in their preparation.

Conference Monitoring Guide

This mechanism may not have fully lived up to its potential due to lack of communication with the NSCC evaluators. The Guide consisted of eight sections containing thirty-nine specific questions related to the administration of each conference. Each question had been weighted in importance by a group (which in part included the NSCC evaluators) prior to the conferences.

The shortcomings which are currently evident in the preparation and application of this mechanism include:

1. Those setting weights, to some degree, did so on an individual basis and were not aware of the resulting (aggregate) weight for each question prior to the application of the Guide.
2. The NSCC evaluators were not specifically trained in using the Guide. Had they been aware of the varying degrees of importance attached to the questions they may have acted differently in evaluating the conferences.
3. Each question could be answered by either a "yes" or a "no" by the evaluator. The inadequacy of this polarization (no allowance for "sometimes", "mostly", etc.) was evidenced by the tendency of some of the evaluators to place check marks on the border between the two possibilities or to check both "yes" and "no".

The foregoing observations, however, are not meant to negate this part of the evaluation. By and large, a great degree of useful information was collected with a reasonable degree of objectivity. To be fair to all concerned, however, it is recommended that:

1. all NSCC evaluators see the report prepared from this data and have the opportunity in written form to amend or revise their ratings; and

2. conferences which have received low over-all ratings or low ratings in specific areas be provided with the report after the NSCC evaluators have had their opportunity for second thoughts so that they may offer a defense or explanation.

Participant Impact Evaluation

This mechanism suffered in several respects. First the questionnaire consisting of three open end questions (two pre-conference and one post-conference) was too loosely structured. A combination of several precise multiple response questions with allowance for free form expression would have resulted in far more comprehensible information.

Second, the plan for administering the questionnaire faired poorly at most of the conferences. The details of the problems which arose are covered in the Participant Impact Evaluation Report. The probable solution for future conferences is that all attendees be administered the form at the commencement and conclusion of each conference in scheduled sessions.

NSCC Self-Evaluation Questionnaire

The questions addressed to the NSCC members seem appropriate and cover all phases of their activities. Because this questionnaire was administered under controlled conditions by the consultants who prepared the questionnaire no problems arose in its application.

On an over-all basis, the objectives of the evaluation process were clearly achieved. In the four reports prepared from the data a comprehensive picture emerges.

The effectiveness of HMC, NSCC, and the materials prepared by them for use by the local committees is examined in a qualitative sense using various rating approaches.

The Monitoring Guide, by design, was geared to a quantitative numeric approach to rating the administrative aspects of the conferences and was so employed. The accompanying comments of the evaluators applying to the various aspects of each conference are, for the most part, extremely illuminating and add a qualitative flavor to the analysis.

The results of the Participant Impact Questionnaire, while unsatisfactory from an administrative viewpoint,

are rewarding in the sense that a definite and positive impact among the participants is discernable as a result of the conferences.

Finally, the NSCC Self-Evaluation demonstrates a mature attitude on the part of NSCC members', thoughtful self-analysis of their own shortcomings, and constructive criticisms geared to improving the entire HMC effort.

B. Summary of Results

The complete results of the Evaluation are published in a separate document. In an effort to conserve space, a summary of those findings is presented here.

1. Local Committee Questionnaire

Problems were encountered with the numbers of returns, which were less than expected, and improperly completed forms resulting in four conferences (Grand Forks, North Carolina, Houston and Berkeley) accounting for 61.6% of the returns and thus playing a disproportionate role in an aggregate analysis of the responses. The composition of the planning committees reflected a dominance of medicine, nursing and pharmacy students (49.3%).

The questionnaire contained 18 questions which can be grouped into two categories: assessment of national assistance and personal attitude and cognitive development. Those questions dealing with national assistance tended to elicit positive responses, as can be seen from the following excerpts:

1. When asked to rate the usefulness of the guidelines material supplied to their respective conferences, a total of 69.9% of all respondents and

83.5% of those who seemed familiar with the materials were either very positive or relatively positive as to their usefulness.

2. Respondents were asked to rate four types of resource materials:
   (a) Sub-contract Requirement Materials, Conference Development Rescurces, Topic Development Resources, and Other.
   (b) On an over-all basis, less than half (49.3%) of all respondents but 70.6% of respondents with a definite opinion felt that the materials were useful.
   (c) Conference Development nudged out Sub-contract for first place in usefulness.
3. For a majority of the conferences, the time(s) allowed for proposal preparation seemed sufficient.
4. When asked to state which three factors most contributed to the success of their proposal being funded, leadership quite simply seems to be the major factor (67.1% of all respondents), followed by knowledge of the subject area by one or more participants (46.6%) and the nature of the respective topics (46.6%), and their prior experience in organizing conferences (38.4%).

5. The committees' degrees of positive reaction to the HMC technical assistance provided is as follows:

Committees	Positive Reaction
Bloomington	100.0
Howard	100.0
Albuquerque	88.9
Berkeley	85.2
Portland	83.3
Boston	81.0
Grand Forks	70.8
Bronx	66.7
Houston	24.2
Over-all	69.2

6. The committees' degree of positive reaction to NSCC assistance is as follows:

Committees	Positive Reaction
Albuquerque	100.0
Portland	88.9
Howard	83.3
Berkeley	79.2
Bloomington	77.8
Bronx	75.0
Boston	57.1
Grand Forks	52.4
Houston	20.0
Over-all	62.7

7. Respondents were also asked whether they anticipated receiving other forms of technical assistance which were not provided - 13.1% replied "yes", 45.9 "no", and 41.0% were uncertain or did not respond.

8. Finally, the respondents were asked to identify a number of types of technical assistance as either strengths or weaknesses. The results of this exercise follow:

Type of Assistance	Strength	Weakness	Net
Clarifying Project Goals	42	10	+ 32
Selecting Participants	24	25	- 1
Improving Use of Local Resources	20	17	+ 3
Selecting Conference Speakers	22	16	+ 6
Dist. of Conference Recommendations	26	14	+ 12
Use of Group Process Techniques	29	18	+ 11
Administration and Logistics	29	15	+ 14
Publicity and Public Relations	18	22	- 4
Evaluation of Conference	39	6	+ 33
Anticipating Problems	32	16	+ 16
Totals	281	159	+122

Those questions dealing with personal attitude and cognitive development elicited responses which reflect attitude and cognitive change, as the following excerpts show:

1. When asked the effect of conference attendance on their knowledge, 50.8% replied that their knowledge had been affected "to a great degree", 39.3% "to some degree", 3.3% "very little", with 6.6% "uncertain" or not responding.
2. Rather encouragingly 64.3% of the respondents with prior limited knowledge felt improvement on the order of a "great degree", while the other 35.7% felt "some degree".

3. The committees which tend to have high aggregate prior knowledge tend to fall in the low aggregate of the effect on knowledge and vice versa. This, of course, is to be expected as it would be reasonable to expect that those committees which gained the most knowledge had the least to start with. The effect on Boston respondents is quite dramatic. Starting as the least knowledgeable committee, by far, they show an extraordinary leap in their self-perceived degree of knowledge. The equally dramatic shift of the Albuquerque group from high knowledge to little effect is probably more a function of the termination of the conference at mid-point rather than a high level of prior knowledge.

4. The respondents were also asked to estimate which had greater effect on their knowledge - conference preparation, conference attendance, or were both about equal. In response, 34.4% cited "preparation", 16.4% "attendance", and 44.2% "both".

2. Conference Monitoring Guide

Methodology

As a primary source in the evaluation process of each conference one NSCC member was assigned to each conference.

To aid this person in structuring his observations a Conference Monitoring Guide was prepared. The Guide consists of a Background section and seven other sections; each section comprised of between 4 and 8 specific questions with appropriate space for free form observations. For each question the evaluator was to indicate that the conference had achieved a specific objective ("yes"), had not achieved ("no"), or that he could "not evaluate" the situation because it was not applicable to the particular conference or he had no personal knowledge by which to do so.

The seven sections and the number of questions each contained are as follows.

- Conference Goals (5)
- Advance Preparations (5)
- Conference Facilities (6)
- Conference Format (6)
- Conference Speakers and Workshop Moderators (8)
- Conference Participants (5)
- Resource Persons (4)

The sections and their specific questions were derived over a considerable time period. Quite obviously the importance attached to any particular section was not strictly dependent on the number of questions in each section. To derive the importance attached to each section, and the specific questions contained in each, a weight was determined for each question.

Weight assignment occurred in conjunction with specifying the questions and a total of 14 knowledgeable individuals associated with HMC participated in the process. For each question a participant assigned a weight ranging from 0-5, which were subsequently totaled and averaged to determine a consensus weight. The exact number of participants who were involved in assigning weights for any single question ranged from 4 (in a few cases) to 12 (in most cases).

Once the average weight had been determined for each question they were totaled to yield a section weight as shown in Table 1.

Sections	#Questions	Weight	%Total
Conference Speakers and Workshop Moderators	8	29.0	19.4
Conference Format	6	22.8	15.3
Resource Persons	4	21.3	14.3
Conference Goals	5	21.0	14.0
Conference Participants	5	19.9	13.3
Advance Preparations	5	19.0	12.7
Conference Facilities	6	16.5	11.0
Totals	39	149.5	100.0

The principal question to be addressed in this report is how close each conference came to achieving a potential score. This potential score is at most 149.5 units but varies with conferences because if a conference was not evaluated on a particular question or

entire section its potential score is obviously reduced.

In addition, each conference's performance for each section will be examined and a synopsis or extraction of the evaluator's comments presented.

In interpreting these results it should be emphasized and clearly understood that the conferences were being evaluated primarily with respect to the adherence to administrative norms and criteria. The reaction of participants or the benefits that they may have derived through attendance are not necessarily reflected in the various numeric ratings derived for the conferences.

Conference Goals

Each conference's stated goals were examined with respect to five standards:

- clarify of definition
- continuity with original proposal, achievability
- involvement of committee members, participants and speakers in their formulation
- the relationship of the conference program to the stated goals.

The overall rating for each conference with respect to this area is presented in the table below.

Conference	Rating
North Carolina	100.0
Bloomington	100.0
Portland	100.0
Grand Forks	94.3
Albuquerque	90.9
Howard	79.6
Boston	79.5
Berkeley	70.4
Houston	40.0
Bronx	19.0
Overall	77.4

Advance Preparations

The ratings were based on adherence to the following factors:

- completely informing participants of objective prior to their arrival,
- completely informing speakers and panel participants of their responsibilities well in advance,
- distributors of conference program to participants prior to their arrival,
- briefing of resource persons as to their roles and responsibilities prior to the conference, and
- proper advance planning in the use of audio-visual materials.

The respective conference ratings in this area are as follows:

Conference	Rating
North Carolina	100.0
Bloomington	100.0
Howard	78.4
Portland	72.5
Grand Forks	72.5
Bronx	64.7
Houston	59.5
Albuquerque	53.2

Conference	Ratings
Boston	40.5
Berkeley	21.6
Overall	66.3

Conference Facilities

Conference facilities were rated on the basis of six points:

- accessibility to conference participants,
- adequacy in terms of capacity,
- adequacy in terms of comfort (temperature, etc.),
- existence of lodgings for travelers,
- efficiency of food service, and quality of food.

As shown in Table 5 only three conferences: Howard, Grand Forks, and Boston failed to score 100.0 in carrying out, or effecting the accomplishment, of these rather mundane but necessary objectives.

Conference	Rating
7 Conferences	100.0
Boston	87.9
Grand Forks	80.0
Howard	66.2
Overall	93.4

Conference Format

The format of each conference was evaluated according to six factors:

- whether discussion topics contributed directly to the conference theme,
- whether the conference program had a proper balance of presentation and discussion,
- whether the conference was relevant to the participants' interests,
- whether the conference was relevant to the needs of the locality where it was held,
- whether the format was unhurried and uncrowded, and
- whether stimulating use was made of group process techniques.

The evaluators scored the conferences with respect to these considerations as follows:

Conference	Rating
North Carolina	100.0
Bloomington	100.0
Grand Forks	100.0
Howard	93.0
Berkeley	88.8
Portland	85.1
Albuquerque	83.0
Bronx	67.1
Boston	36.0
Houston	31.2
Overall	78.4

Conference Speakers and Workshop Moderators

This particular area in the evaluation of the conference was by far the most important, accounting for nearly one-fifth of the overall rating for each conference. Each conference was evaluated on eight points:

- whether speakers were lively and well-prepared,
- whether the speakers' subject matter related to the conference theme,
- whether the speakers maintained good rapport with their audience,
- whether speakers began on time,
- whether workshop moderators were properly trained in leading discussions,
- whether workshop moderators encouraged everyone to participate,
- whether workshop moderators kept the group's attention on the subject matter.

Conference	Rating
North Carolina	100.0
Portland	100.0
Howard	90.3
Bloomington	81.4
Berkeley	70.7
Grand Forks	65.5
Boston	57.6
Albuquerque	40.3
Bronx	27.9
Houston	0.0
Overall	63.4

Conference Participants

The participants of the conferences, their role, and interaction with various aspects of each conference were examined as follows:

- their reflection of a cross-section of health professions,
- as a good mix of students, professionals, administrators, and other health personnel,

- punctuality as an indicator of interest,
- interaction in terms of
  (a) speakers
  (b) self-expression
  (c) participation in group process,
- general interest and attitude.

On the basis of these factors the conferences are ranked as follows:

Conference	Rating
Bloomington	100.0
North Carolina	100.0
Portland	100.0
Berkeley	100.0
Boston	93.0
Howard	82.4
Albuquerque	75.4
Bronx	71.8
Grand Forks	61.3
Houston	53.5
Overall	83.7

Resource Persons

Resource persons played a vital background role in the conferences lending their expertise and experience. Happily for eight of the conferences they seemed to be excellent choices who ably performed their tasks with a resulting rating in each case of 100.0. The Bloomington evaluator for unknown reasons did not evaluate their performance at the conference. The startling exception is Grand Forks, where the use of

these individuals seems to have been a total failure (score of 0.0).

Resource persons were evaluated in terms of:

- whether they represented relevant fields of experience and expertise,
- whether they were assigned to sessions and workshops where they could be best utilized,
- whether they attended their assigned conference,
- whether they contributed to the discussions in a constructive way.

As A Whole

The conferences as a whole were rated as follows in terms of subject areas.

- Facilities and resource persons received by far the highest ratings but resource persons were considered only third in importance in the total evaluation and facilities were least important.
- The process of participant selection and their actual participation also seems to have gone very well; this area, however, was ranked fifth out of the seven areas in terms of importance prior to the conferences.
- Format and goals seemed to have done reasonably well and were ranked respectively second and fourth in importance prior to the conferences.
- The Speakers/Moderators and advance preparation seem to have fared poorly. This is unfortunate, as speakers/moderators were ranked first in importance prior to the conferences. Advance preparation was ranked sixth. It is important to note that it was the performance of the

workshop moderators rather than the speakers which resulted in the low score in this area. This is particularly true for Houston (no speakers), Albuquerque, and Boston (where the speakers were very good). In the case of the Bronx both speakers and moderators fared poorly.

3. Participant Impact Evaluation

The purpose of the Participant Impact Evaluation was three-fold:

- to determine why participants were attending the respective conferences,
- to determine how participants planned to use the conferences to achieve their ends, and
- to determine what they felt that they accomplished at the respective conferences.

A correllary and important question to be answered in this process is "did the participants believe that the conference they attended was worthwhile", "was too much expected and too little delivered."

To secure this information at least cost and in an uncomplicated manner a two part form consisting of the three questions paraphrased above was employed. The respondent was to answer each question in any manner each saw fit using whatever terms seemed appropriate. The first two questions were to be answered upon arrival at the conference, the third upon its completion.

In order to secure this information, a random sample of approximately 30 percent of the participants, stratified by discipline, was drawn from lists of participants supplied by the local committees. Each participant was then identified by a code showing conference attended and the discipline of the person.

The two-part questionnaire for each respondent was then placed in an envelope bearing both the name of the person and their identifying code. The envelopes were to be distributed on an individual basis prior to the start of the conference (presumably at registration), the first two questions answered by each respondent, and the envelopes collected for redistribution and the answering of the final question at the conclusion of the conference. The completed questionnaires were then to be marked with the identifying codes and the envelopes disposed of.

This approach proved cumbersome and inefficient in practice. For various reasons a large number of respondents answered only the pre or post conference questions. In other cases potential respondents failed to show at the conferences. At several conferences the individual responsible for collection of the forms did not know to place the identifying code on each questionnaire and so

information on the respondent's disciplines was lost. Finally, at several conferences some of the actual respondents were not in the original sample.

General Participant Reaction

For nine of the conferences, based on post-conference returns, it was possible to gauge the participants' reaction to the conferences. (Albuquerque had no post-conference responses). Returns were divided into three groups: very positive, positive, and negative. An overwhelming majority of the respondents reacted either postively (85.8%) or very positively (11.0%), with very few negative reactions (3.2%).

Participant Expectations

Participant expectations were determined by simply asking, "Why did you come to this conference?" A total of 15 different reasons resulted and were chosen 314 times by 171 of the 173 eligible respondents (about 1.8 reasons per respondent).

As can be seen, the majority of participants anticipated an increase in their awareness of the multidisciplinary aspects of health care. This reason for conference attendance led all others at 8 of the

10 conferences, the exceptions being Howard and Berkeley. At Howard, 6 of the 10 eligible respondents cited "Information on the problems of minorities"; this reaction represented one-third of the responses received from the conference. At Berkeley, 10 of the 11 eligible respondents (90.9%) stated a desire to "Increase information on conference topic" as their primary reason; this answer represented 55.0% of all responses.

Goals Achievement

When asked, "How do you plan to use this conference to achieve your ends?", 156 of the 173 eligible respondents offered 9 basic means:

- Participation in group process
- Communication with other disciplines
- Participation in social events
- Special topic areas
- Educating others about my discipline
- Gaining information for special projects
- Vague, uncertain
- General conference attendance
- Gaining or promoting insight into health problems of minorities

When asked, "What did you accomplish at this conference?", 188 of the 190 eligible respondents cited 16 accomplishments a total of 336 times (about 1.8 citations per respondent).

Earlier it was shown that the greatest expectation of participants was to increase their awareness of the multi-disciplinary aspects of health care (54.5% of respondents) and as can be seen this was the major accomplishment of the conferences.

As in all other cases, the item "Increased multi-disciplinary awareness" leads the list in an impressive manner. Over two-thirds (68.8%) of the participants who foresaw this as an expectation cited it as an accomplishment. As 77 of the 114 participants involved (67.5%) cited this item as an expectation, it is encouraging that the item leads all others in terms of fulfillment. It is, however, discouraging that only 45.5% of the participants interested in group process experience had their expectations fulfilled.

On an overall basis, slightly more than half (50.5%) of the participants had their expectations fulfilled. This figure tends to understate the effect of the

conferences as in many cases the participants realized benefits that they had not forseen.

On this basis, more than half (51.8%) of all accomplishments cited by participants were not foreseen by them as possibilities prior to the conference.

4. Views of National Student Coordinating Committee Members

As an element in the total evaluation process of the Conference Project ten NSCC members were interviewed to determine:

1. How they perceived their own contribution and involvement in the project.
2. Their views on over-all effectiveness of the project.

The interviews were conducted by two independent consultants to the evaluation phase of the project at the Urban Life Center, Columbia, Maryland, on the morning of July 28. Each NSCC member was interviewed separately on a private basis using a two-page form consisting of eighteen questions. Members were strongly encouraged to be candid in their responses and assured that confidentiality with respect to individual names and particular critical responses would be closely observed.

All ten respondents approached the interviews in a serious, thoughtful manner. Respondents were generally

well articulated and indicated considerable prior thinking in certain areas. In general, the respondents, while questioned separately, formed a consensus in their individual responses to a large number of the questions.

Responses, Opinions, and Observations

The Role of NSCC

The majority of respondents did not feel that the role of NSCC was clearly defined from the beginning. Nearly all would agree that the basic objectives were well defined at the start but their perception of NSCC's role in achieving them was an evolutionary process. This was not necessarily an unsound situation and may, to a large extent, have been dictated by circumstances.

During this process the role of NSCC in terms of providing technical assistance to the conference remained nebulous. The bare bones mechanics by which these activities were to be performed were not examined to the extent that they should have been.

Several of the respondents made reference to two planning meetings in particular. The first, Cincinnati, occurring in October ,was cited as a milestone in

terms of clarifying the NSCC role. The third, Rosslyn, occurring in June, was cited with some annoyance. For a number of the respondents it was the first time that they realized their subservient relationship to the Student Advisory Committee.

Changes in NSCC Role

Several suggestions were offered with respect to changes in the role of NSCC. The most pervasive involved technical assistance and was geared more to strengthening rather than changing the current role. A general lament was, "If I had been called upon to deliver real TA to a conference it would have been an embarrassment to all involved." The consensus was that either NSCC should be truly equipped to play this role or it should revert to HMC.

As a more significant departure several respondents felt that NSCC (or an organization of similar make-up) should be established on a permanent basis. As a permanent organization it could serve as a coordinator of health projects throughout the health field as such projects related to student groups. As an inter-disciplinary entity it could serve as a clearinghouse

for new ideas bringing together diverse approaches to concentrate on health problems affecting all disciplines.

NSCC General Performance

The majority of respondents felt that NSCC's performance should be rated as "fair". Several leaned toward "good" and only one respondent had a response that approached "excellent". No responses which could be interpreted as "poor" or "very poor" were given. Several respondents voiced the age-old observation that "some of us did not work as hard as others".

NSCC Effectiveness

Most frequently respondents cited that NSCC was most effective with respect to the derivation of guidelines, objectives, and information packages supplied to the conferences. Less specific, but equally important, strengths that were cited included: planning ability, team-work, belief in goals, dedication, and an atmosphere that enhanced frank and honest discussion. Several members observed that NSCC was effective in bringing together diverse professions but that this potential was not yet fully realized.

The most common weakness advanced was with respect to TA ability. Another frequent citation was addressed to a lack of sufficient communication with the local committees that the members were assisting. A number of members felt that oral, rather than written communication, would have been more effective in certain circumstances. Extended site visits would have definitely improved communication.

One member thought that greater emphasis and understanding toward minorities was required - another countered that too much emphasis existed in this area. Several members felt that a "few" other members shirked their responsibilities - another member qualified this by citing lack of experience among the members. One member felt that NSCC lacked a long-range perspective.

Finally, several members felt that NSCC decision-making in many ways involved too much discussion. Minor points were often endlessly thrashed about only to arrive at conclusions that were obvious from the start. With a little more leadership, relatively unimportant decisions could have been presented in a final form for ratification rather than discussion.

External Limiting Factors

External relationsh.ps with other entities, or lack thereof, was the predominant factor. Organizational relationships with HMC were generally good but too often not enough bilateral discussion occurred with respect to future plans and agendas. HEW seemed to treat NSCC as a rather marginal enterprise and did not display much interest in the project. NSCC to be more effective should strengthen its ties to other organizations such as the Student American Medical Association (SAMA), AMA, National Black Medical Students, Boricuas, and the health insurance field.

Non-organizational external limiting factors were primarily time, geography, and funds for travel. Because potential grantees were located so widely, more travel funds and time should have been allowed for on-site visits to explain the project. This would have helped determine which groups were taking unfair advantage in proposal preparation by bringing in professional pen pushers. Other potential grantees with good ideas, but a lack of knowledge in the area of "grantsmanship", could have been advised as to proper procedures. These same factors naturally applied during the conference preparation phase.

Personal Working Relationships with HMC Staff

Typical answers included "Excellent", "Great", "Could not have been better". Only one member offered, "a little shaky at first, but then fine".

Group Process Effectiveness

Virtually universal acclaim was elicited. A few members felt that things got off to a slow start but once underway, functioned at a high level of effectiveness. Many members were very generous in their praise of Dr. Royer's leadership in group process, others cited the caliber of the group. When the consultant suggested that these factors rather than group process, itself, may have been at work he was strongly refuted. There is great conviction among the members that the group process exercises strongly contributed to whatever success that has been enjoyed by NSCC.

NSCC Composition

Those members who felt that more women and minorities should be included on the committee outnumbered those who felt that the current ethnic and sexual balance was about right. A good deal of emphasis was placed on members with considerable experience in the health field

and the inclusion of members of the Allied Health field, regardless of sex or ethnic affiliation.

Increase in Personal Knowledge

All of the members felt that their understanding of health manpower problems increased significantly as a result of their NSCC work. This experience was held as far more productive than attendance at the conferences - and not too surprisingly since the former occupied weeks and the latter days. Only a few members felt that they gained much important knowledge vis a vis the operations of HEW, the mechanics of proposal preparation and submission, planning, and organizing.

Project Impact

When asked whether the project had contributed in any way to the resolution of health manpower problems in the United States, two respondents flatly replied""no", three said "yes, but only in the long run", five responded "yes" in an unqualified manner.

Of the two negatives the first expressed his disdain of all conferences, the second felt that the return per dollar allocated was not as great as might result from programs focusing on recruitment and scholarships.

The five who saw an immediate impact offered a number of reasons. First, the conferences were a logical manner to plant the seeds for local entities, focusing on health needs. The occurrence of the conferences forced a local analysis of local health needs, problems, and issues and these problems can best be dealt with on a local level. Second, the conferences provided a good means of evaluating local analytical and organizational ability should future funding be anticipated. Third, the conferences fostered interdisciplinary communication and cross-fertilization with respect to ideas and approaches.

Future Projects

When asked whether the project should be repeated next year (in the same form), two strongly replied "no" to a conference format, one was uncertain, and seven replied "yes" but with significant modifications in objectives and operating procedures.

One of those opposed had earlier expressed his low opinion of conferences. The other negative vote had felt that the initial conferences had a long-run pay-off but that in the future the focus should be on structuring local projects scaled in years rather than

months. The "uncertain" case felt that whatever is done should involve much more TA and more time should be allowed for planning.

Those who felt that the project should continue along the same lines were virtually universal in their recommendations that:

- what has been started this year must be intensely followed up on;
- local projects should be made more specific, task-oriented, action oriented;
- existing conference designees, if selected next year, should be funded for less money and continue at a more specific level in pursuing their current topic;
- the funding time frame should be on the order of several years;
- any offering of new fields should be left to new designees;
- less conferences should be finished; and
- an increased number of consumers or consumer groups should participate.

The above list is in decreasing order in terms of numbers of citations.

Proposal Selection

All ten respondents felt that the proposal process for selection of conferences was the best, or at least the fairest, method to be employed. The earlier caveat with respect to surreptitious use of professional writers has been discussed. The several advantages of local proposals should be noted:

- stronger local interest and involvement;
- increased self-sufficiency of local sites for revenue-sharing purposes; and
- better identification of local needs than if performed at a higher level.

NSCC Pre-Proposal Actions with Local Committees

For the most part the respondents minimized their role in instigating conferences or affecting the content of the proposals received. One respondent supplied the topic for a funded conference but from that point on had no involvement. Others mentioned supplying basic information to committees and clarifying guidelines. In a number of cases the members noted that their suggestions with respect to proposal content were ignored by the local committee. One member stated that he was unsuccessful in his one attempt to foster a local com-

mittee. Another member believes that in the absence of an early offensive on his part for an Indian committee, the Berkeley conference would not have occurred.

Involvement of Other Organizations

While the great majority of the members (as earlier noted) see a need for greater involvement of other organizations (student or otherwise) suggestions for improvement were limited. Three major suggestions arose.

- Involvement is limited in a number of cases because we are dealing with a representative of an organization who may or may not adequately express our views to his organization. Instead, we must reach the true decision-makers within other organizations and strike cooperative agreements with them.
- In order to secure involvement we must have on-going activities. A short-term conference followed by a dry spell of activity is not conducive to gaining the involvement of other organizations.
- Involvement with other organizations, to be successful, should occur locally and its securance should be a local responsibility.

A P P E N D I C E S

A. NSCC Representatives

B. Criteria for Evaluation of Proposals

C. NSCC Assignments

D. Selected Conference Sites

E. Proposal Rating Sheet

APPENDIX A

NATIONAL STUDENT COORDINATING COMMITTEE

American Optometric Student Association

Tony Distefano.....Jan. 1972 - Feb. 1973
Glenn Seifert.....Feb. 1973 - Present

American Podiatry Student Association

Tony Buto.....Jan. 1972 - Feb. 1973
Gene Nichols.....Feb. 1973 - July 1973
Bill Finerty.....July 1973 - Present

American Student Dental Association

Elliott Kronstein.....October 1972 - July 1973
Gary Rawlinson.....July 1973 - Present

Association of Native American Medical Students

Walt Hollow.....October 1972 - Present

Federation of Public Health Student Association

Sterling King.....October 1972 - Present

National Boricua Health Organization

Ladislao Santiago.....October 1972 - Present

National Chicano Health Organization

Don Apodaca.....October 1972 - Present

National Student Nurses' Association

Cindy West.....October 1972 - Present

Student American Medical Association

Pat Falcao.....October 1972 - July 1973
Steve Plettner.....July 1973 - Present

Student American Pharmaceutical Association

Joe Browning.....October 1972 - June 1973
Paul Martinez.....July 1973 - Present

Student American Veterinary Medicine Association

Karl Salszieder.....October 1972 - Present

Student National Dental Association

Gerry Charles.....February 1973 - Present

Student National Pharmaceutical Association

Don Johnson.....October 1972 - Present

Student Osteopathic Medicine Association

Jim Quigley.....October 1972 - July 1973
Doran Christensen.....July 1973 - Present

SAPhA Student Liaison Officer

Craig Hostetler.....Jan. 1972 - July 1973
Cedric Jones.....July 1973 - Present

APPENDIX B

CRITERIA FOR EVALUATION OF PROPOSALS

A. Conference Objectives

1. Proposals must address as many as possible and at least one of the national objectives discussed in the Introduction.
2. Local objectives must be related to local health and manpower problems.
3. Local objectives must be related to long-term goals of intended achievement.

B. Conference Format

1. The duration of the conference must be consistent with the objectives set for the conference.
2. Participants should include as many as possible of the health care professions located in the conference area.
3. Participants should be evenly distributed among the disciplines.
4. Participants should be representative of the minority population in the area.
5. Conference should have a Project Director.
6. Educational information on participating disciplines must be distributed at conferences.
7. Information on conference format must be distributed to participants before the conference.

8. The selection and registration procedure should be flexible in terms of late registrants.

9. The recommended number of participants is a minimum of 100.

10. The recommended grouping is small task-oriented workshops.

11. Weekend conferences are recommended.

12. It is recommended that a member or members of faculty or administration from area schools be included in all conference phases.

13. The use of professional process consultants is recommended.

C. Organization's Performance Capabilities

An organization must be able to assume and delegate responsibility; must represent the necessary interests; must have legal, public, community or university support.

D. Organization's Financial Accountability

An organization must be able to provide financial records, fiscal controls and accounting procedures; for the storage of records for at least three years; and for an adequate cash flow.

E. Proposed Budget

The budget should be sufficient to realistically meet the objectives, goals, and methods.

Budgets will be evaluated on a competitive basis.

F. Evaluation Plan

The proposal must include the development of local evaluation criteria.

The evaluation plan should cover all phases of the project -- including planning, administration and the conference itself. It should not just be limited to the traditional end-of-the-project measures of success, but should also include tools for observing and recording the process the project is experiencing.

APPENDIX C

HEALTH MANPOWER CONFERENCES PROJECT

National Student Coordinating Committee

Site Visit Assignments

Funded Site	Technical Assistance	Evaluation
Dakota Regional Student Health Manpower Conference Council for Health Interdisciplinary Participation University of North Dakota Grand Forks, North Dakota	Walt Hollow	Karl Salzsieder
Boston Student Health Manpower Conference Massachusetts College of Optometry Boston, Massachusetts	Ladislao Santiago	Tony Buto
Health Manpower Conference Health Students' Interdisciplinary Coalition of New York/ New Jersey Bronx, New York	Elliot Kronstein	Glen Seifert
Native American Students Health Manpower Conference MPH Program for Native Americans University of California at Berkeley Berkeley, California	Sterling King	Pat Falcao
Northwest Regional Health Manpower Conference Student Interdisciplinary Council University of Oregon Med. School Portland, Oregon	Joe Browning	Walt Hollow
Houston Area Student Health Manpower Conference College of Pharmacy University of Houston Houston, Texas	Cindy West	Craig Hostetler

Funded Site	Technical Assistance	Evaluation
Committee for Student Health Manpower Indiana University Optometric Students Association Indiana University Division of Optometry Bloomington, Indiana	Tony Distefano	Gene Nichols
Health Manpower Issues Conference Student Health Action Committee University of North Carolina Chapel Hill, North Carolina	Don Johnson	Jim Quigley
National Chicano Health Organization Chapter Albuquerque, New Mexico	Don Apodaca	Cindy West
Chicago Area Student Conference on Health Manpower Student Osteopathic Medical Assn. Chicago College of Osteopathic Medicine Chicago, Illinois	Jim Quigley	Tony Buto
Health Manpower Conference Howard University College of Pharmacy Washington, D. C.	Gerry Charles	Don Johnson

APPENDIX D
SELECTED CONFERENCE SITES

Site	Approved Level of Funding
Dakota Regional Student Health Manpower Conference Council for Health Interdisciplinary Participation University of North Dakota Grand Forks, North Dakota	$10,590.00
Boston Student Health Manpower Conference Massachusetts College of Optometry Boston, Massachusetts.	4,958.00
Health Manpower Conference Health Students' Interdisciplinary Coalition of New York/New Jersey Bronx, New York	4,810.00
Native American Students Health Manpower Conference University of California at Berkeley Berkeley, California	10,800.00
Northwest Regional Health Manpower Conference Student Interdisciplinary Council University of Oregon Medical School Portland, Oregon	10,354.00
Houston Area Student Health Manpower Conference College of Pharmacy, University of Houston Houston, Texas	5,750.00
Committee for Student Health Manpower Indiana University Optometric Students Assn. Indiana University/Division of Optometry Bloomington, Indiana	7,234.00
Health Manpower Issues Conference Student Health Action Committee University of North Carolina Chapel Hill, North Carolina	6,570.00
National Chicano Health Organization Albuquerque, New Mexico	9,675.00
Health Manpower Conference College of Pharmacy Howard University Washington, D. C.	9,000.00

APPENDIX E

PROPOSAL RATING SHEET

CRITERIA	YES	NO	INSUFFICIENT INFORMATION
A. Conference Objectives			
1. Does the proposal address as many as possible and at least one of the national objectives discussed in the Introduction to the Guidelines For Applying For Funds?	☐	☐	☐
2. Are the local objectives related to local health and manpower problems?	☐	☐	☐
3. Are the local objectives related to long-term goals of intended achievement?	☐	☐	☐
B. Conference Format			
1. Is the duration of the conference consistent with the objectives set for the conference?	☐	☐	☐
2. Do the participants include as many as possible of the health care professions located in the conference area?	☐	☐	☐
3. Are the participants evenly distributed among the disciplines?	☐	☐	☐
4. Are the participants representative of the minority population in the area?	☐	☐	☐
5. Does the conference have a Project Director?	☐	☐	☐
6. Is there a plan for educational information on participating disciplines to be distributed at the conference?	☐	☐	☐
7. Is there a plan for the information on the conference format to be distributed to participants before the conference?	☐	☐	☐
8. Is the selection and registration procedure flexible in terms of late registrants?	☐	☐	☐
9. Are there less than 100 participants expected?	☐	☐	☐
10. Is this consistent with the conference objectives?	☐	☐	☐
11. Do they plan small task-oriented workshops?	☐	☐	☐
12. Is it a weekend conference?	☐	☐	☐

	YES	NO	INSUFFICIENT INFORMATION
13. Do they have a member or members of faculty or administration from area schools included in all conference phases?	☐	☐	☐
14. Do they plan for the use of professional process consultants?	☐	☐	☐
C. Organization's Performance Capabilities			
1. Is there evidence that the organization is able to assume and delegate responsibility?	☐	☐	☐
2. Is there evidence that the organization represents the necessary interests?	☐	☐	☐
3. Does the organization have legal, public, community or university support?	☐	☐	☐
D. Organization's Financial Accountability			
1. Is there evidence that the organization is able to provide financial records, fiscal controls and accounting procedures?	☐	☐	☐
2. Is there evidence that the organization is able to provide for the storage of records for at least three years?	☐	☐	☐
3. Is there evidence of an adequate cash flow?	☐	☐	☐
E. Proposed Budget			
Is the budget sufficient to realistically meet the objectives, goals, and methods?	☐	☐	☐
F. Evaluation Plan			
Does the proposal include the development of local evaluation criteria?	☐	☐	☐

	POOR	FAIR	GOOD	VERY GOOD
	1/2/3	4/5/6	7/8/9	10
OVERALL SCORE				